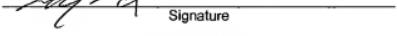


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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) <b>1807-0186PUS1</b>
Application Number	10/536,897-Conf. #4706	Filed <b>November 4, 2005</b>
For <b>ARRANGEMENT AND METHOD FOR PRODUCING A THREE-DIMENSIONAL PRODUCT</b>		
Art Unit	4153	Examiner <b>T. J. Kennedy</b>
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		<b>Fee</b> \$130      \$65      \$ _____ \$490      \$245      \$ _____ \$1110      \$555      \$ <b>1,110.00</b> \$1730      \$865      \$ _____ \$2350      \$1175      \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> .		
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee or record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>29,680</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
 Signature _____		<u>April 13, 2009</u> Date _____
<u>Michael K. Mutter</u> Typed or printed name _____		<u>(703) 205-8000</u> Telephone Number _____
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>		
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		